

Name
in
Full

Lillie A. Briscoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Trappe	Town	County	MARYLAND	
Date of death	1909	Month Oct.	Day 15 th	Years 24	Months
Sex	Female	Color or Race	Colored	Birth-place	Talbot Co.
Occupation	Inmate of	The	Where Residing if not at place of death	County Home	
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	Maryland
Father's Name	Nicholas Briscoe			Mother's Birthplace	Maryland
Mother's Maiden Name	Charlotte Brice			How related to deceased	Spst.
Name of person giving Information	John W. Gruchy			69	✓
CAUSES OF DEATH					
Primary	Epilepsy				
Immediate	Stimulitis & Exhaustion				

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

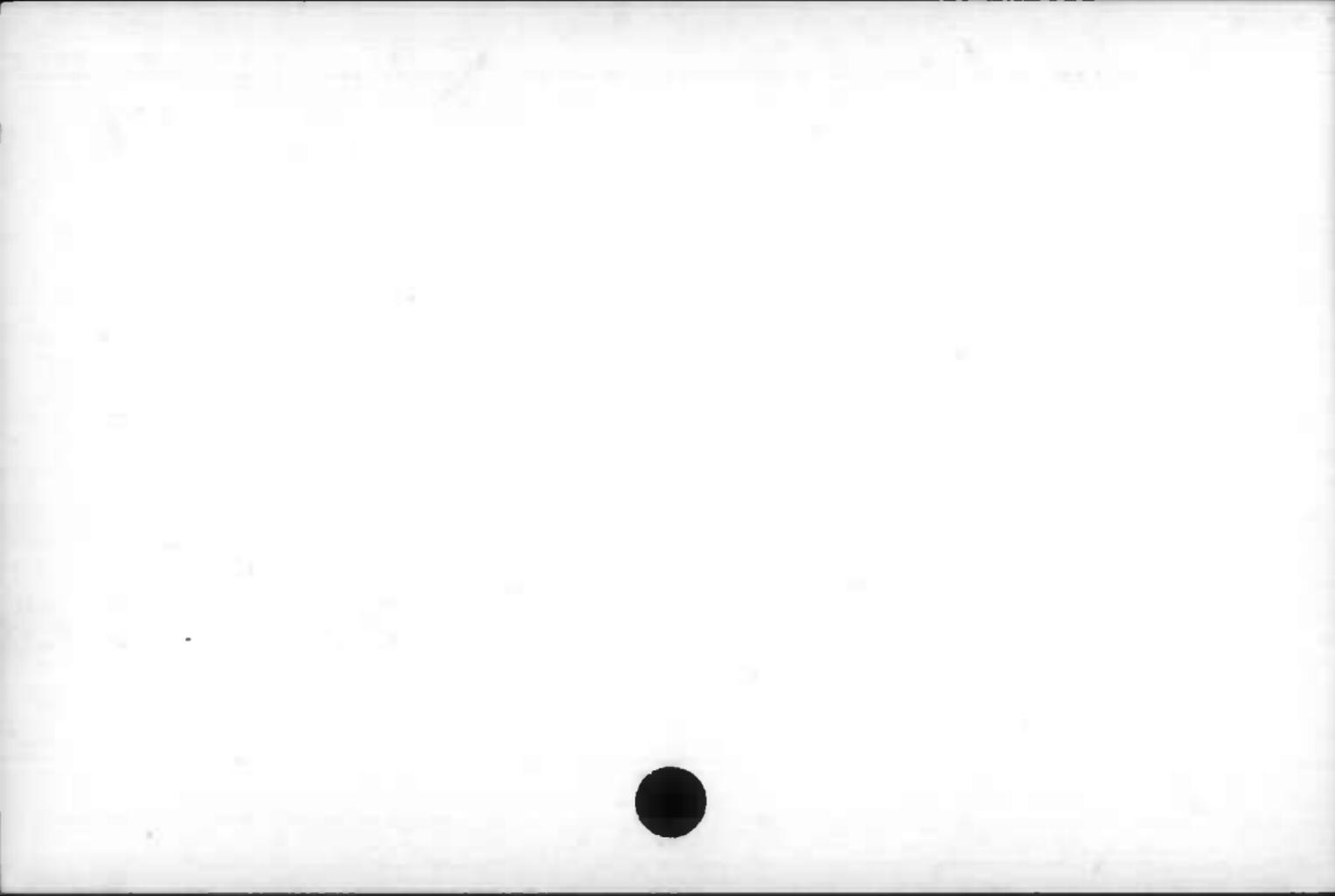
Mrs S. Seymour

Address

Trappe Md.

Accident or Suicide

no



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Copper

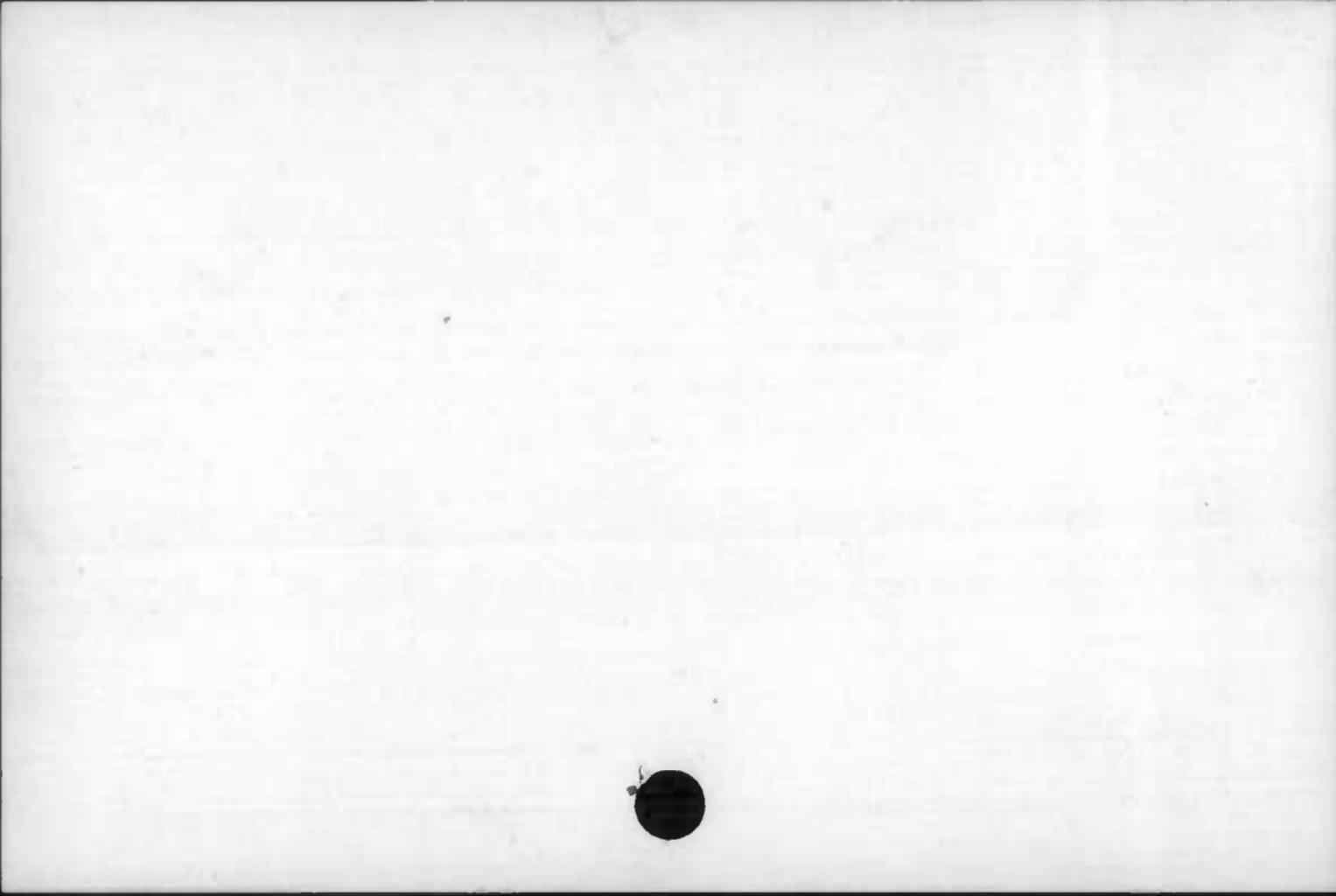
CERTIFICATE OF DEATH

Died at	Easton	Town	County	MARYLAND	
Date of death	1909	Month Oct	Day 25	Years 0	Months 0 Days 10
Sex	Male	Color or Race	Black	Birth-place	Easton
Occupation	Child	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	none		
Father's Name	William Copper	Father's Birthplace			
Mother's Maiden Name	Amelia Berry	Mother's Birthplace			
Name of person giving information	William Copper	How related to deceased			

CAUSES OF DEATH

36

Primary	Congenital Scoliosis		How long	life
Immediate	Cardiac Failure		How long	1 min.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	James B. Morris 32 yo.	
		Address	Easton Md.	
Accident or Suicide?				



Name
in
Full

Baby Cottingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at	Town		County		MARYLAND	
Date of death 1909	Month Oct	Day 15	Years —	Month —	Day 13	
Sex Female	Color or Race		Black		Birth-place	Maryland
Occupation Infant	Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband		—			
Father's Name Titus Cottingham	Father's Birthplace		Samuel C. No			
Mother's Maiden Name Amy Furet	Mother's Birthplace		Samuel C. No			
Name of person giving Information Titus Cottingham	How related to deceased		father			

CAUSE OF DEATH

105

How long

5 days

How long

2 days

PHYSICIAN
OR CORONER

Primary

Gastro enteritis

Immediata

Auto eutocuation

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

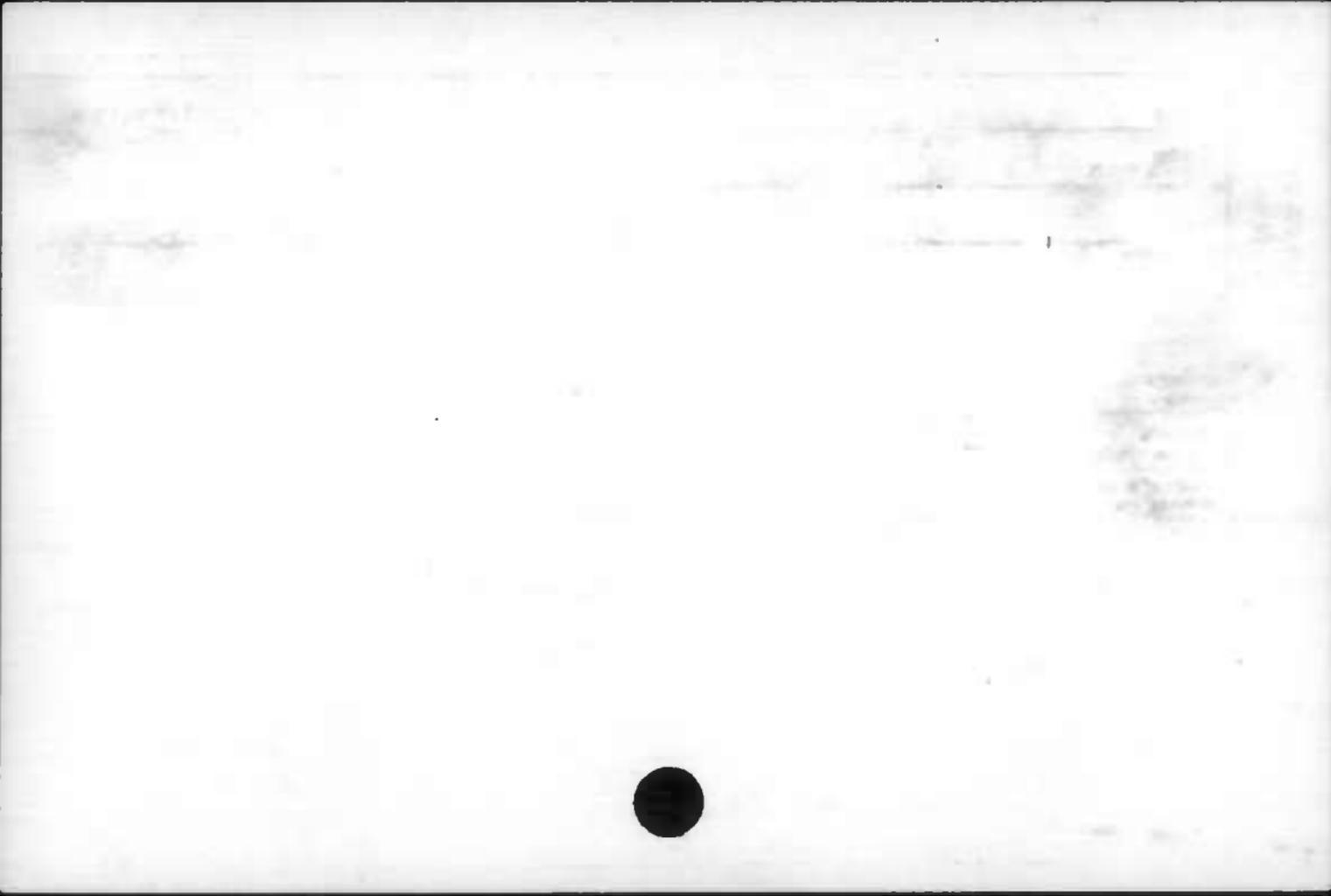
Address

J. R. B. Branch, M.D.

Tieghman

Talbot Co., Md.

Accident or Suicide



Name
in
Full

Edith Estelle Ford

CERTIFICATE OF DEATH

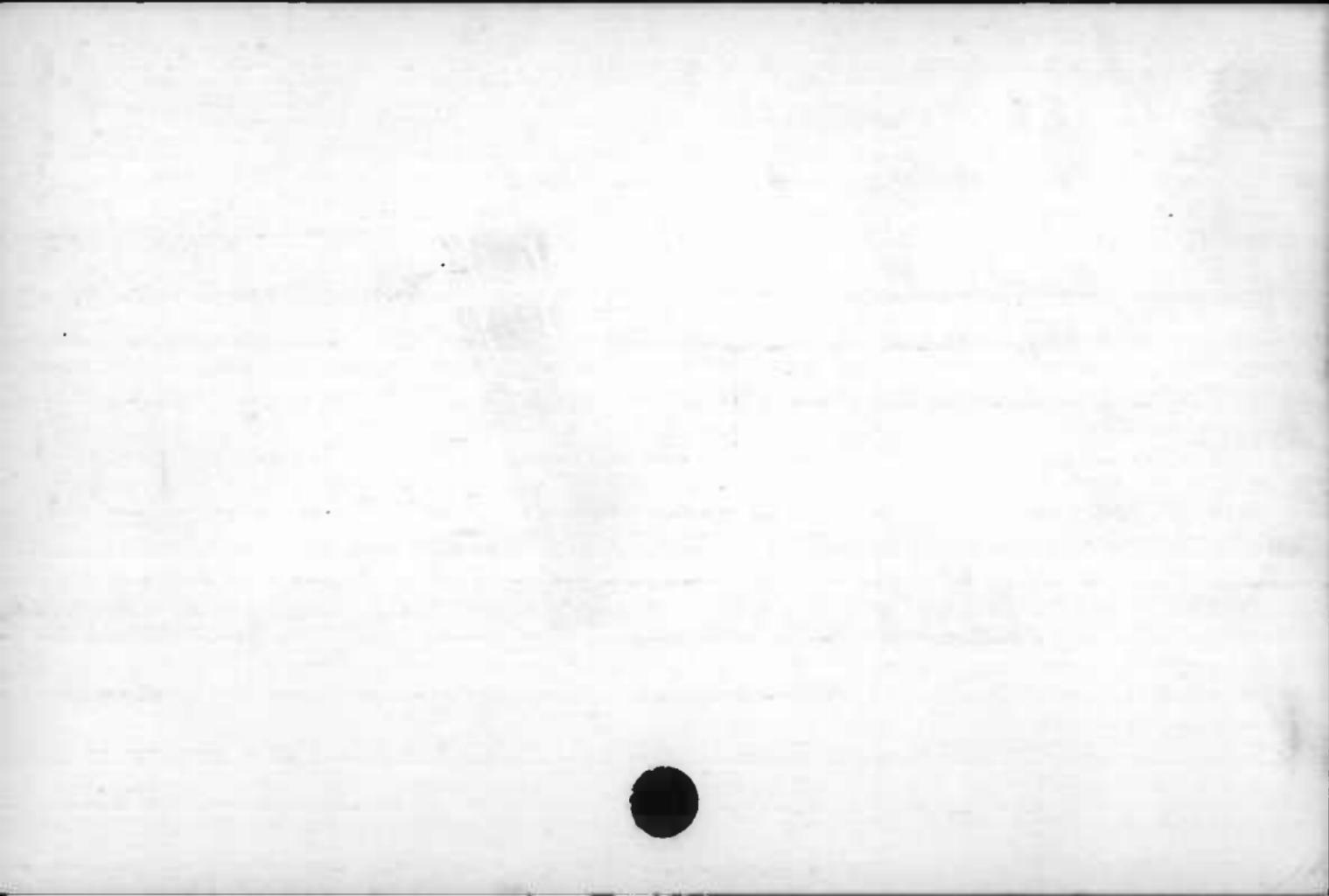
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tilly Leman</u>		County <u>Calvert</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>Oct</u>	Day <u>9</u>	Age <u>-</u>	Years <u>-</u>	Months <u>2</u>	Days <u>13</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Tilly Leman</u>		<u>"</u>		
Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>		<u>"</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>		<u>-</u>			
Father's Name <u>Charles Augustus Ford</u>	Father's Birthplace <u>Somerset Co</u>		<u>-</u>			
Mother's Maiden Name <u>Edith Estelle James</u>	Mother's Birthplace <u>Tilly Leman</u>		<u>-</u>			
Name of person giving information <u>Chas. A. Ford</u>	How related to deceased <u>Father</u>		<u>-</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pertussis</u>	How long <u>2 weeks</u>
Immediate <u>Congestion of lungs</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>J. H. Wilson</u>
	Address <u>Tilly Leman</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joshua Foster
St Michaels

Died ^{town} Month Day
Date of death 1909 Oct 1

County
Year
Age

CERTIFICATE OF DEATH

MARYLAND

Montha Days

Sex Male Color or
Race Colored

Occupation

Carfenter

Whare Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Amanda E Augusta

Fether's
Name

Joseph Foster

He was an Indian

Father's
Birthplace

Massachusetts

Mother's
Maiden Name

Annie

- do not know

Mother's
Birthplace

Don't know

Name of person giving
Information

Amanda E Foster

How related
to deceased

Widow

CAUSES OF DEATH

Primary

heart disease

79

✓

6 months

Immediate

heart failure

How long

immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J C D Davis
St Michaels
Md

Accident or Suicide



Name
in
Full

Allen Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	St Michaels		County	Talbot	
Date of death	Month	Day	Years	Months	Days
190	9 Oct	9	55		
Sex	Color or Race	Age		Birth-place	
Male	Black	55		Talbot Co.	
Occupation	Where Reading if not at place of death				
Married, Single or Widowed	Married Name of Wife or Husband				
Father's Name	Priscilla Newman Cansay				
Mother's Maiden Name	Talbot Co.				
Name of person giving Information	Daniel Green				
Father's Birthplace	Talbot Co.				
Mother's Birthplace	Talbot Co.				
How related to deceased	Brother				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Cerebral hemorrhage

64

✓

Immediate

Cardiac failure

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

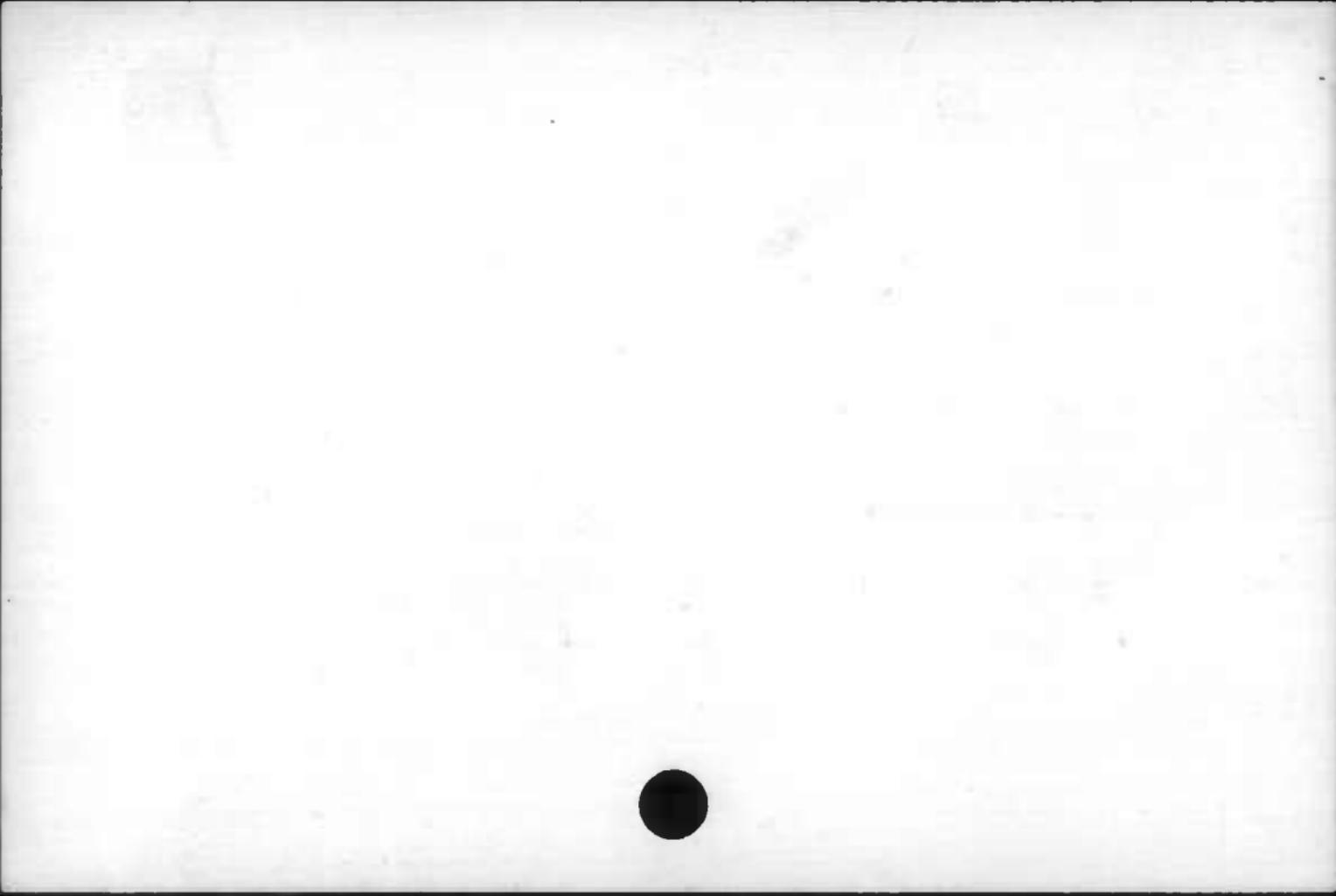
Address

Yes

J. St. James

Accident or Suicide

No



Name
in
Full

Mrs. Martha Isabella Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
	Easton	Talbot			
Date of death	Month	Day	Years	Months	Deys
1909	October	28 $\frac{1}{2}$	87	4	3
Sex	Female	Color or Race	white	Birth-place Talbot County	
Occupation	Ladies				
Where Residing if not et place of death					
Married, Single or Widowed	widow	Name of Wife or Husband	Dr. Samuel Alexander Harrison		
Father's Name	Benjamin Denny				
Mother's Maiden Name	Mary Ann Rhodes				
Name of person giving Information	Orval Dilgman				
Father's Birthplace	Talbot County				
Mother's Birthplace	Talbot County				
How related to deceased	Son-in-Law				

CAUSES OF DEATH

Primary

Infirmities of Years

154

✓

How long

Several yrs.

Immediate

Exhaustion

How long

Orval D. Dandam
Easton, Md

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Accident or Suicide

1822 — 1909

Name
in
Full

Henry Jones
Easlon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Town County
Died at Easlon Talbot

Date Month Day Years Months Days
of death 1909 10 11 68

Sex Male Color or Age Birth-place
Race Black Myrtle Grove Md

Occupation

Saborer

Where Residing if not
at place of death

Married, Single or Widowed
Married

Name of Wife or
Husband

Henrietta Jones

Father's
Name

Nathan Jones

Father's
Birthplace

Not known

Mother's
Maiden Name

Rachel Jones

Mother's
Birthplace

Not known

Name of person giving
Information

Henrietta Jones

How related
to deceased

Wife

CAUSES OF DEATH

Primary

asthma

97

How long

7 mos

Immediate

Exhaustion

How long

few wks

Are the name, age, sex, color, date
and place correctly given above?

yes

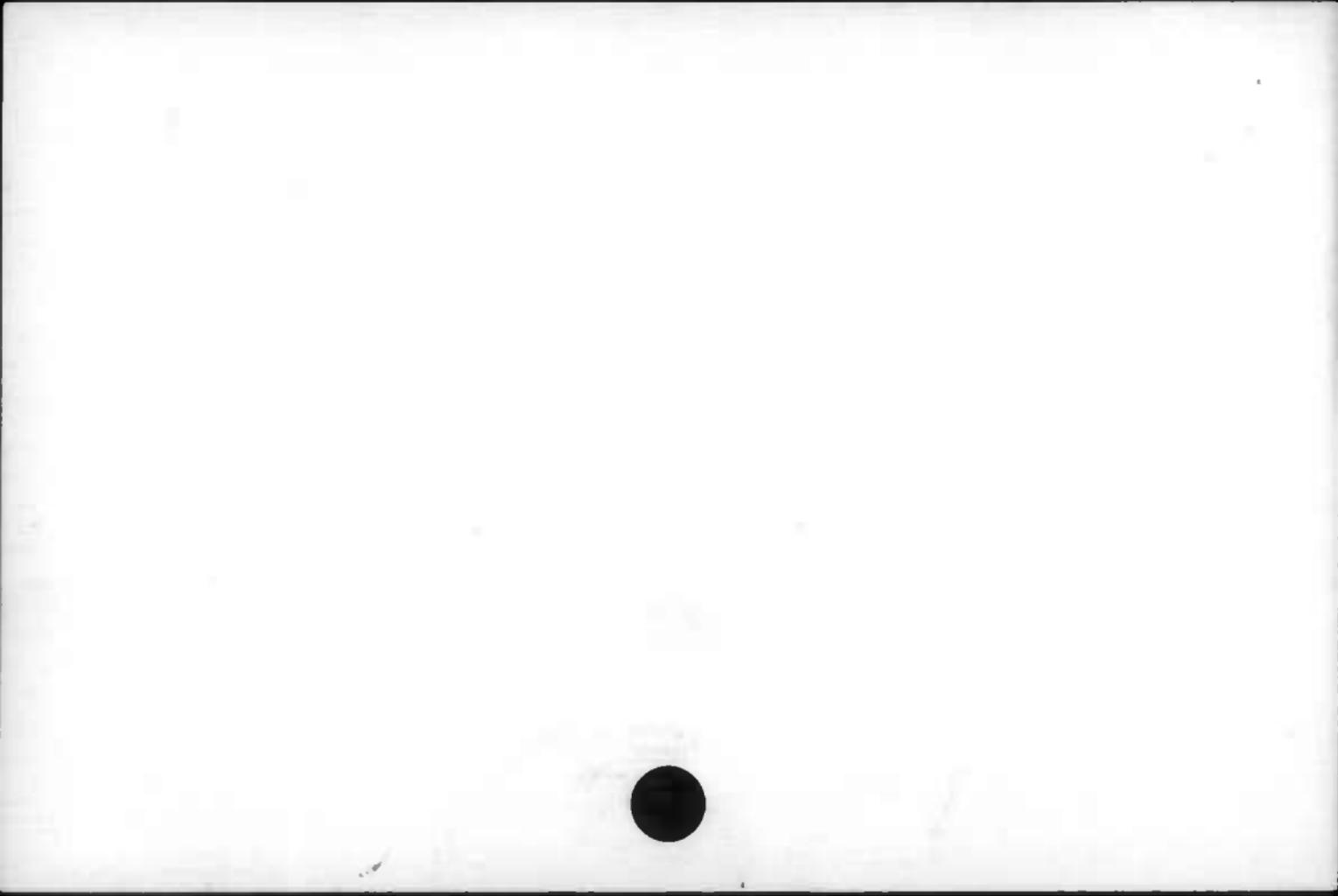
Signature of
Physician

Address

Chas. J. David Jr
Easlon Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Charles Lawrence

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County			
Died at Easton		Salisbury		MARYLAND	
Date of death 1909	Month Oct.	Day 16	Years Age 42	Months 7	Days 20
Sex Male	Color or Race Colored	Birth-place Salisbury, Md.			
Occupation Laborer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Clara Lawrence	Father's Birthplace Md.			
Father's Name Charles Lawrence	Mother's Birthplace Md.				
Mother's Maiden Name Serena Thomas	How related to deceased Brother				
Name of person giving Information Hall Lawrence					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lymphoid fever

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

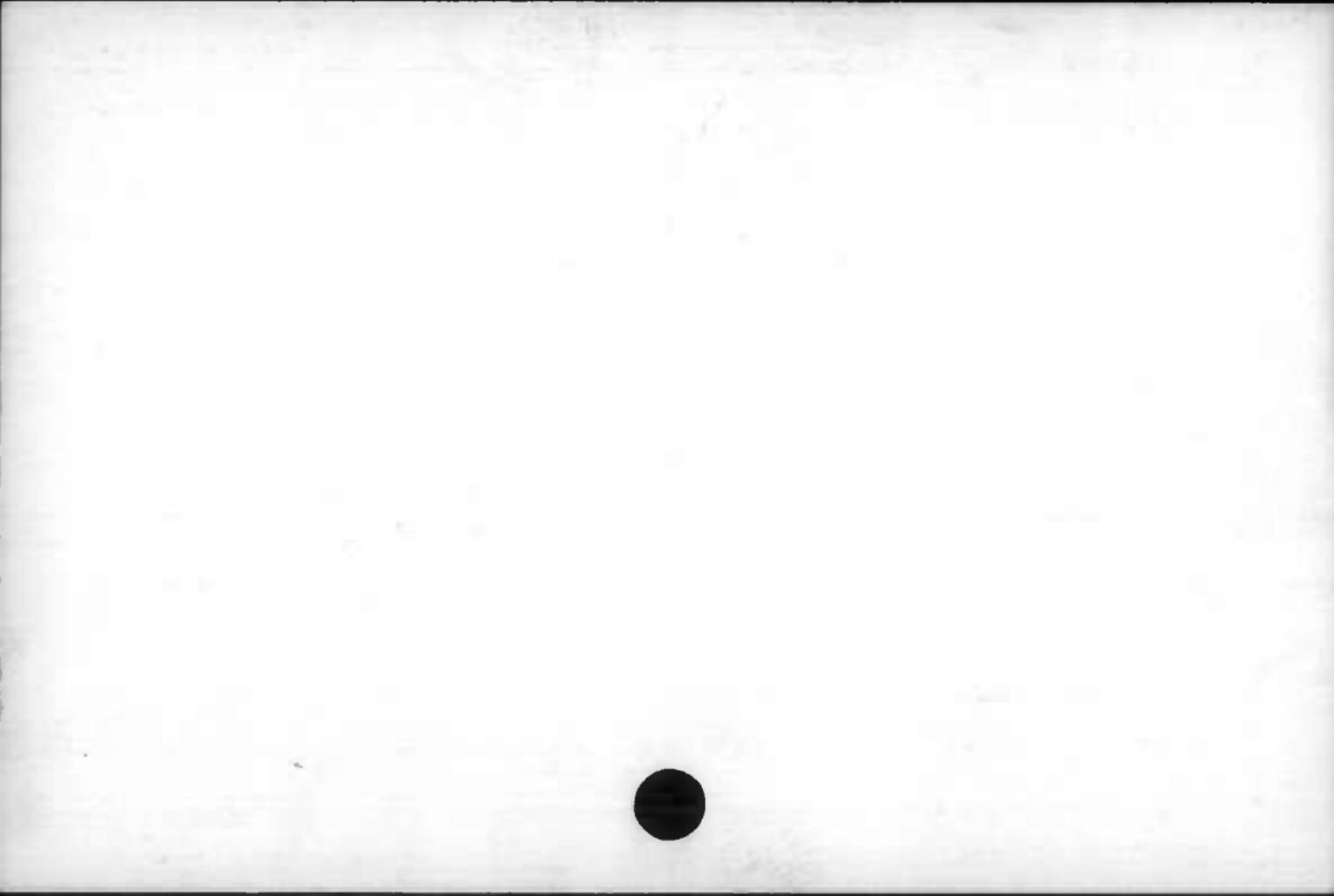
Signature of Physician

Address

J. H. Stevens, M.D.
Easton
Md.

Accident or Suicide

No



Name
in
Full

Ada Graham Looor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND		
Diad at	Mc Daniel	Talbot				
Date of death	1909 Oct 31	Month	Day	Years	Months	Days
Sex	Femal	Color or Race	White	Age 47	5	7
Occupation	Housewife	Where Residing if not at place of death				
Married, Single	Married	Name of Husband	Frank J. Looor			
Father's Name	Francis A. Wrighton	Father's Birthplace		Maryland		
Mother's Maiden Name	Ellen Jane Graham	Mother's Birthplace		Maryland		
Name of person giving Information	Joseph S. Skinner	How related to deceased		Cousins		

CAUSES OF DEATH

43

Primary

Carcinoma of Breast

about 2 yrs.

Immediate

Exhaustion

48 hrs.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

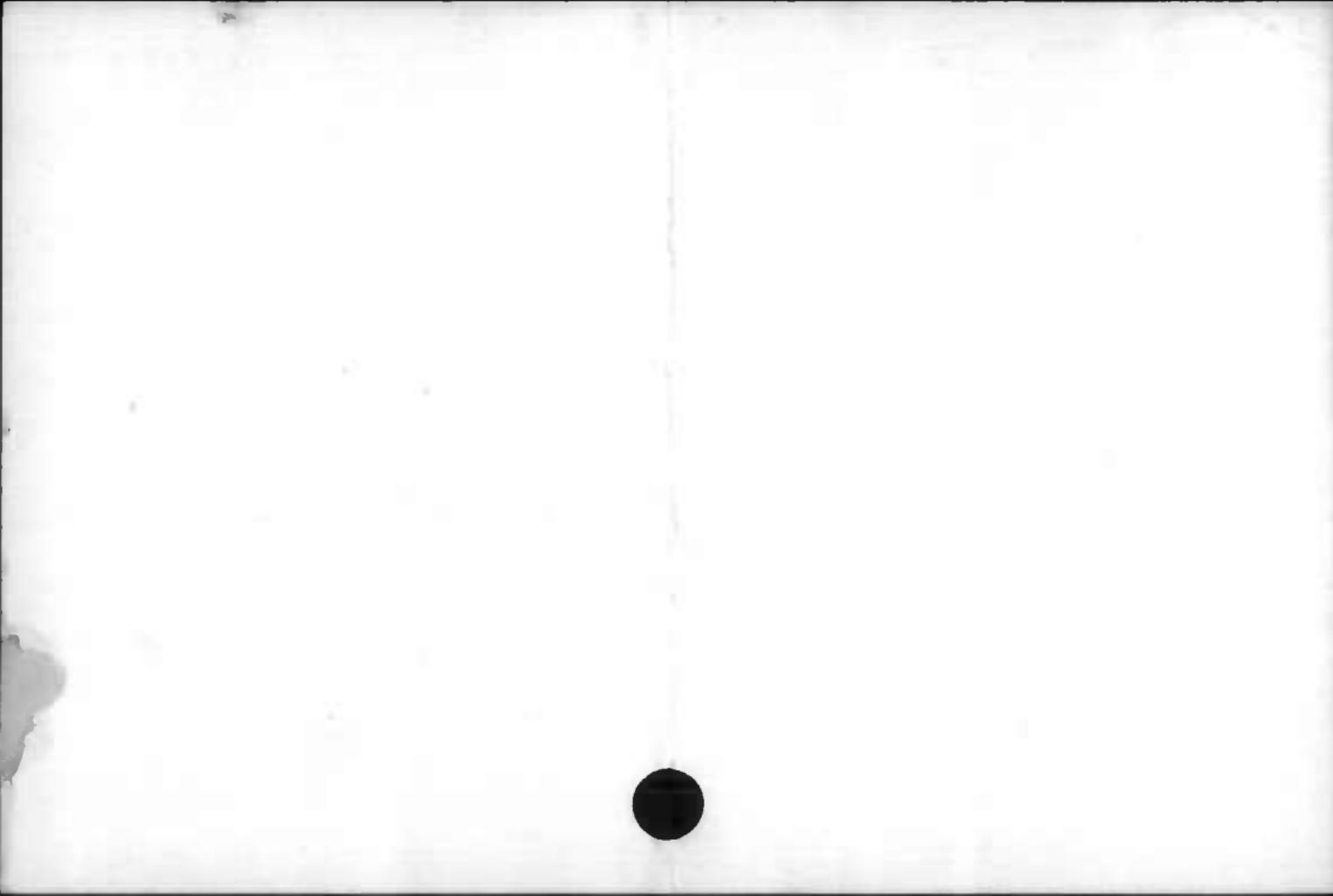
McCarren M.D.

Mc Daniel

Maryland

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Virginia Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St. Michaels</u>		County <u>Talbot</u>		MARYLAND	
Date of death <u>1909 Oct.</u>	Month <u>26</u>	Age <u>26</u>	Month <u>8</u>	Days <u>23</u>	
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth place <u>Royal Oak Md.</u>			
Occupation <u>Housewife</u>	Whara Residing if not at place of daath <u>Henry Payne</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Henry Payne</u>		Father's Birthplace <u>Royal Oak Md.</u>		
Father's Name <u>Hensley Augusta</u>			Mother's Birthplace <u>Savage</u>		
Mother's Maiden Name <u>Josephine Augusta</u>			How related to deceased <u>Mother</u>		
Name of person giving Information <u>Josephine Augusta</u>					

CAUSES OF DEATH

Primary Consumption

Immediate Sa

Are the name, age, sex, color, date and place correctly given above ? Yes

27

How long 3 Months

How long

PHYSICIAN
OR CORONER

Accident or Suicide No

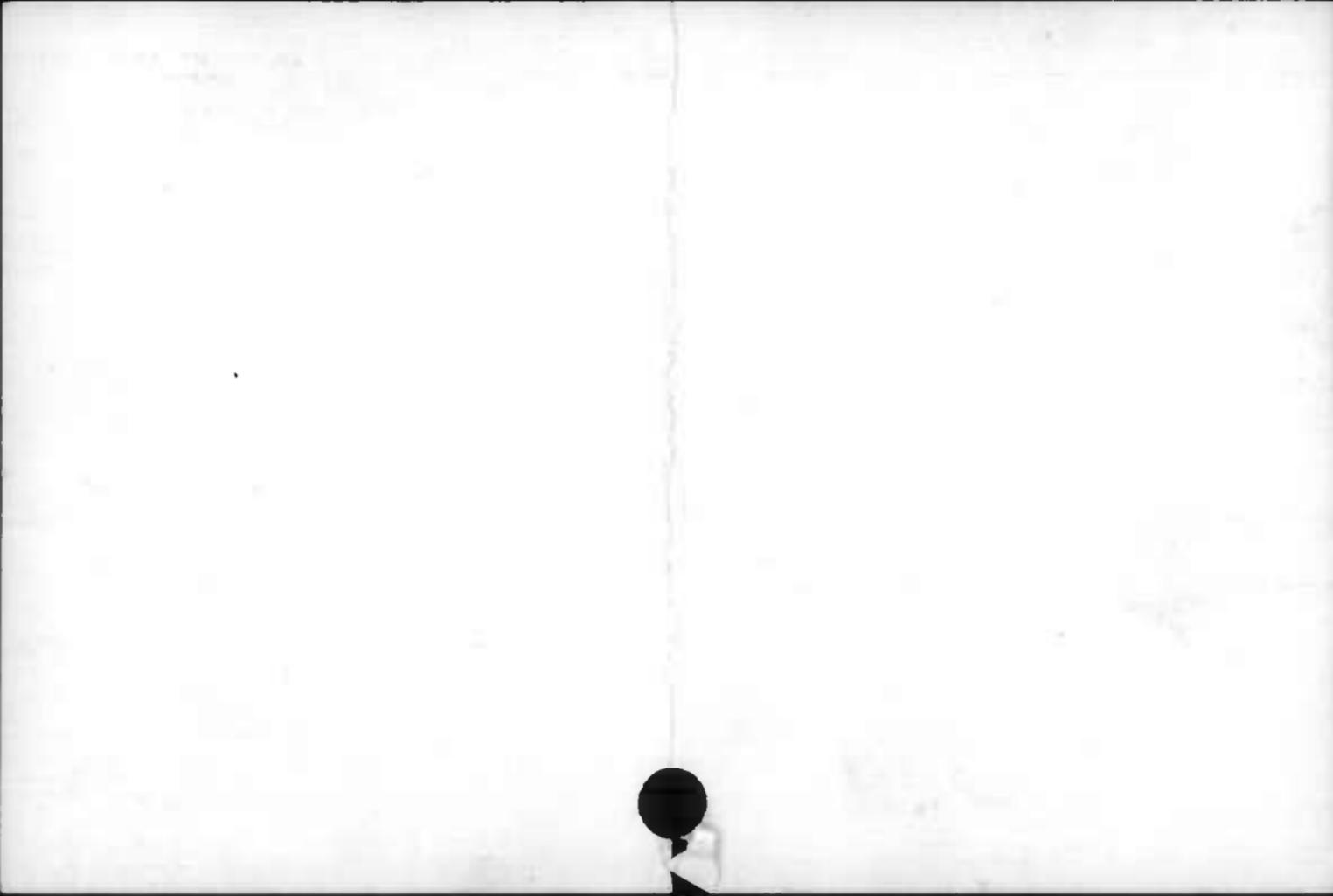
Signature of Physician

Address

J.D. Carpenter.

St. Michaels.

Maryland.



Name
in
Full

James E. Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND	
Died at Euston	Talbot			
Date of death 1909 Oct. 25	Month	Day	Age 72	Years
Sex Male	Color or Race	White		Months
Occupation Farmer	Where Raising if not at place of death Euston			Days
Married, Single or Widowed	Name of Wife or Husband Susan Porter		Birth- place Talbot Co.	
Father's Name William Porter			Father's Birthplace Talbot Co.	
Mother's Maiden Name Emma Cook			Mother's Birthplace Talbot Co.	
Name of person giving Information Mrs. Jean MacLean			How related to deceased Daughter	

CAUSES OF DEATH

Primary

Bright's Disease

120

How long

8 mos

✓

Immediate

Convulsions

How long

1 day

✓

Are the name, age, sex, color, date
and place correctly given above?

Yes

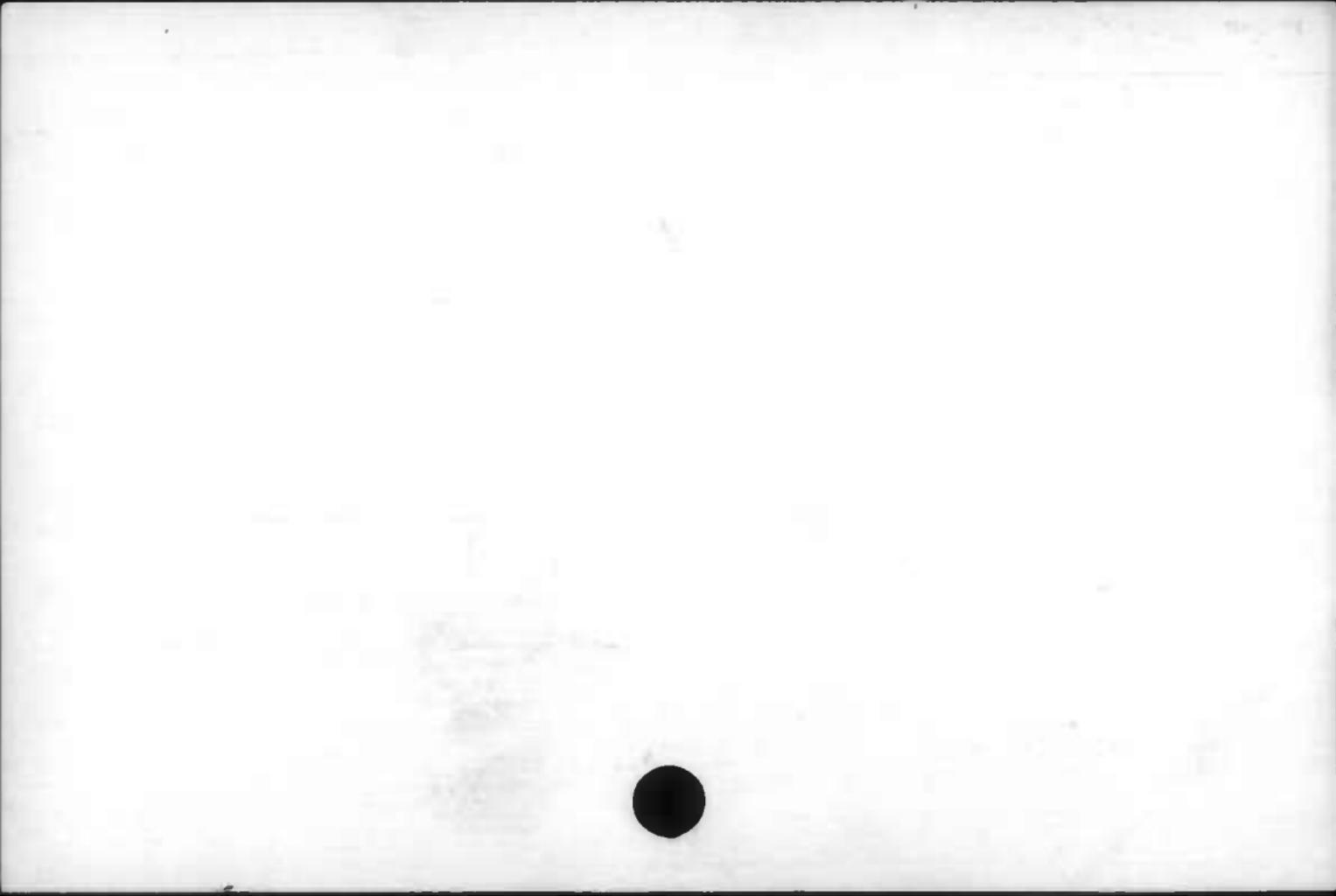
Signature of
Physician

Address

Chas. E. Darden
Euston 2nd

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Polter

CERTIFICATE OF DEATH

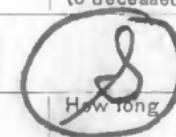
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Easton		Talbot Co				
Date of death	1909	Month Dec	Day 9	Years 0	Month 0	Days 0
Sex	Female	Color or Race	Black	Birth-place	Easton	
Occupation	Child	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband	m			
Father's Name	Edward Polter			Father's Birthplace	Talbot Co.	
Mother's Maiden Name	Elonore Chase			Mother's Birthplace	Talbot Co.	
Name of person giving Information	Edward Polter			How related to deceased	Father	

CAUSES OF DEATH

Primary

Stillborn



How long



How long

PHYSICIAN
OR CORONER

Immediate

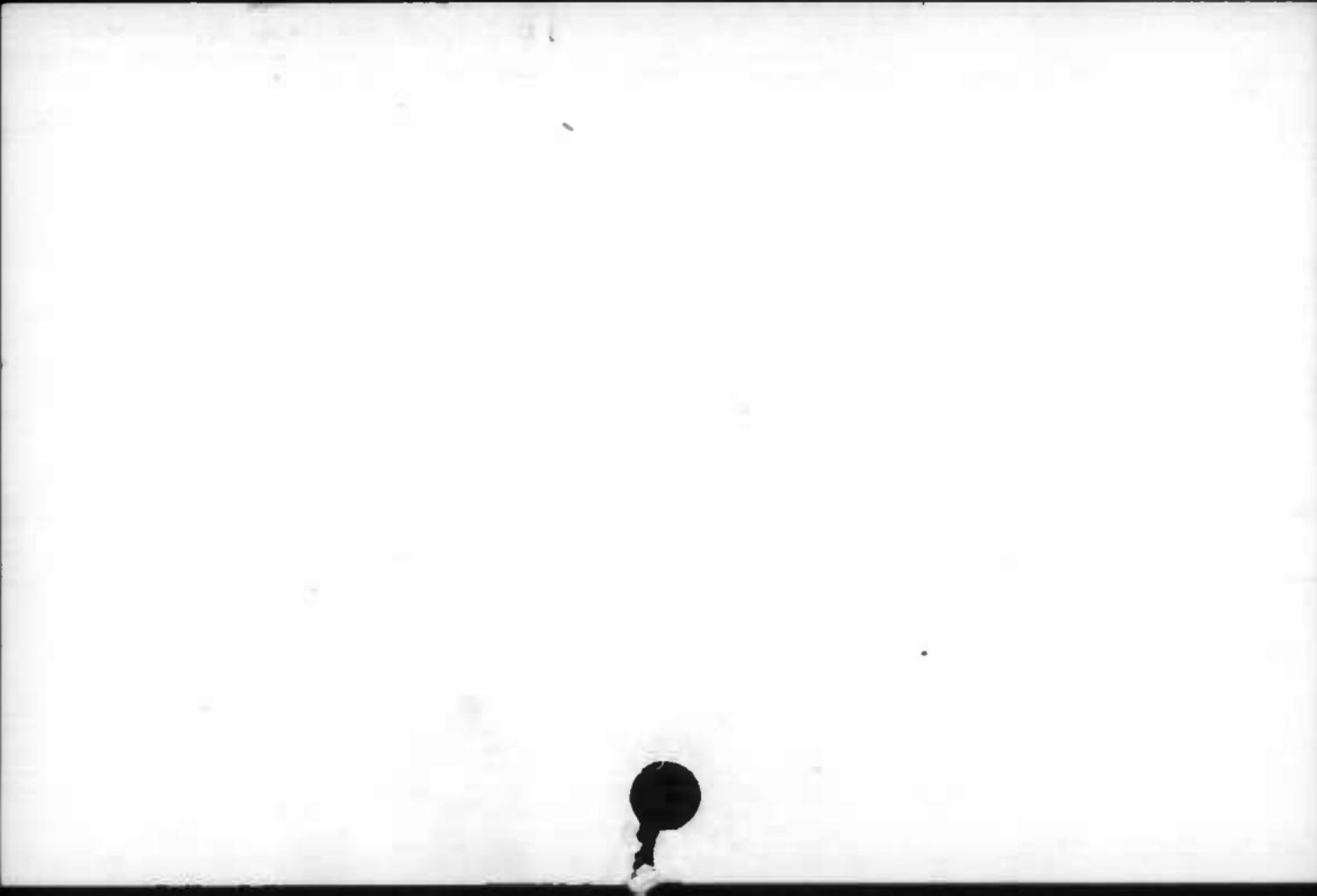
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

James B. Menard M.D.
Easton Md.

Accident or Suicide



Name
in
Full

Louis Schiele

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at **Easton**

Date of death **1909 Oct**

Month

Day

County

Years

Months

Days

39

6

Sex

Male

Color or
Race

white

Birth-
place

Germany

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Jacot Schiele

Father's
Birthplace

Germany

Mother's
Maiden Name

Selma Bashawg

Mother's
Birthplace

Germany

Name of person giving
Information

Barber Zuker

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Typhoid

How long

3 weeks

Immediate

Hemorrhage

How long

24 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

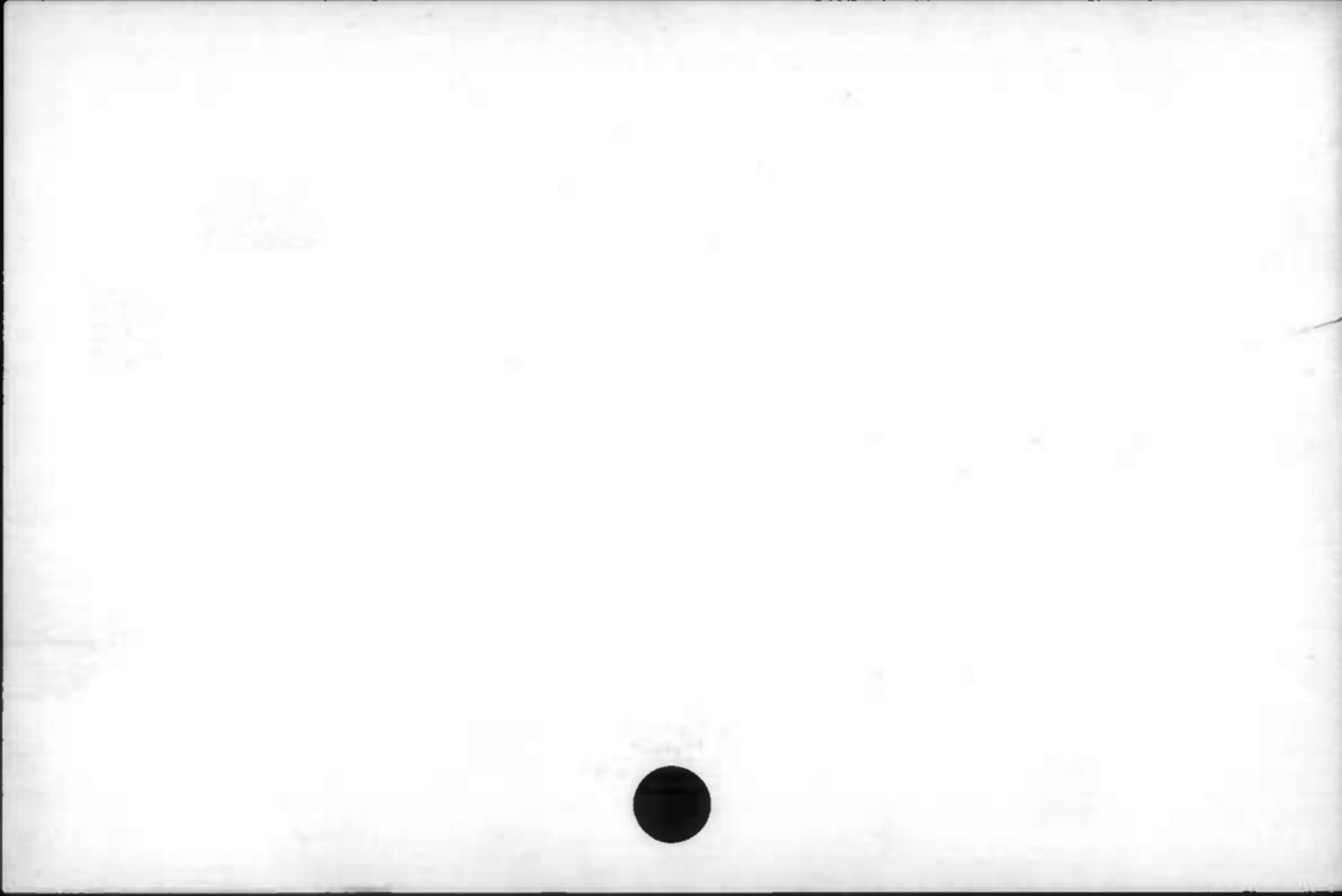
Signature of
Physician

Address

**Chas. F. Vandam
Easton MD**

Accidental Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Annie. Maria. Therrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died near Grappé

Town

County

MARYLAND

Date
of death 1909

Month

Day

Years

Age 23

Months

Days

Sex Female

Color or
Race

White

Birth-
place

7 Salisbury Co. Md

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

William James Therrell

Father's
Birthplace

Salisbury Co. Md

Mother's
Maiden Name

Josephine. Parrot

Mother's
Birthplace

Name of person giving
Information

"

"

How related
to deceased

Mother:

27

How long

3 years

How long

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis.

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Joseph A. Ross Esq
Grappé Salisbury Co. Md

Accident or Suicide

